

EXAMPLE: COVER LETTER FOR LARGE GROUP
STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC123-06
Product Name: ABC Health
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Large Group Contract
- Group Application
- Member Application
- Certificate of Coverage

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE LARGE GROUP STANDARD MASTER CONTRACT	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input checked="" type="checkbox"/> Large Group Contract (51+)	ABC123-06	ABC123-05	ABC HEALTH
<input type="checkbox"/> Small Group Contract (2-50)			
<input checked="" type="checkbox"/> Group Application	ABCAPP-06	ABCAPP-05	GROUP APPLICATION
<input checked="" type="checkbox"/> Member Application	ABCMBRAPP-06	ABCMBRAPP-05	MEMBER APPLICATION
<input checked="" type="checkbox"/> Certificate of Coverage	ABCCERT-06	ABCCERT-05	CERTIFICATE OF COVERAGE
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
	<input type="checkbox"/> Trust	<input type="checkbox"/> Union	
	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE: COVER LETTER FOR LARGE GROUP
PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Large Group Rate Filing - **Public Rate Schedule**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Large Group Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE LARGE GROUP RATE FILING – FOR PUBLIC	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary	LARGE GROUP RATE FILING	LARGE GROUP RATE FILING	Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> For-Public	AUGUST 1, 2006	AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
<input type="checkbox"/> Government		<input type="checkbox"/> Trust	<input type="checkbox"/> Union
<input type="checkbox"/> Paperwork		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

EXAMPLE: COVER LETTER FOR LARGE GROUP PROPRIETARY
RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Large Group Rate Filing - **Proprietary**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Large Group Rate filing for your review. The documents included in this filing are:

- Large Group Rate Manual and Rating Formula
- Filing Document Summary WAC 284-43-950
- Rate Exhibit
- Illustrative Examples

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE LARGE GROUP RATE FILING – PROPRIETARY	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL	Agreement #/Effective Date	Prior Agreement #/Effective Date	
17. <input type="checkbox"/> Provider Agreement			
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary <input type="checkbox"/> For-Public	LARGE GROUP RATE FILING AUGUST 1, 2006	LARGE GROUP RATE FILING AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT <input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			